

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027270

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

542

STATE FILE NUMBER

FILED AUG 12 1963

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY BOONE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Saline | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia | | c. CITY OR TOWN SLATER | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co Hosp. | | d. STREET ADDRESS (If outside, give location) 844 JENKINS | |
| 3. NAME OF DECEASED (Type or print) ANNIE THORNTON | | 4. DATE OF DEATH Month AUG Day 7 Year 1963 | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-25-85 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Fish Creek Mo |
| 13a. FATHER'S NAME Elijah Driver | | 14. NAME OF HUSBAND OR WIFE Charles Thornton | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Charles Thornton Slater Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease | | INTERVAL BETWEEN ONSET AND DEATH unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arterial nephrosclerosis | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Slater | |
| 21. I attended the deceased from 8 July 63 to death and last saw her alive on day of death Death occurred at 4:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 7 Aug 63 | |
| 22a. SIGNATURE (Degree or title) Elmer P. Rodgers, M.D. | | 22b. ADDRESS 210 So. Tenth | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8-7-63 | 23c. NAME OF CEMETERY OR CREMATORY Slater City Cem | 23d. LOCATION (City, town, or county) (State) Slater Mo |
| 24. FUNERAL DIRECTOR Haines Funeral Home | 25. DATE RECD. BY LOCAL REG. Aug 7 1963 | 26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George G. Kirby

Licensed Embalmer No. 4752

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.